



Exhibit 8

TOM DAVIS, VIRGINIA
CHAIRMAN

HENRY A. WAXMAN, CALIFORNIA
RANKING MINORITY MEMBER

ONE HUNDRED NINTH CONGRESS

Congress of the United States
House of Representatives

COMMITTEE ON GOVERNMENT REFORM
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WASHINGTON, DC 20515-6143

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Minority (202) 225-5051

February 11, 2005

The Hon. Andrew Natsios
Administrator
United States Agency for International Development
Ronald Reagan Building
1300 Pennsylvania Avenue, N.W.
Washington, D.C. 20523-1000

Dear Mr. Natsios:

On January 5, 2005, staff of the Subcommittee on Criminal Justice, Drug Policy, and Human Resources requested documents related to USAID financing of the Open Society Institute/Kazakhstan as part of an ongoing investigation of the international "harm reduction/ drug legalization movement.

On the afternoon of February 8, 2005, Subcommittee staff participated in an interagency conference call with your staff and that of the State Department reiterating the urgency of providing these documents to the Subcommittee so that members and staff may be better prepared for a hearing scheduled for February 16, 2005.

On the morning of February 10, 2005, your staff notified Subcommittee staff by e-mail that no documents would be forthcoming with respect to the document requests initiated on January 5, unless the request were made in writing.

Consequently, we have decided to invite you to testify at an investigative hearing entitled, "Harm Reduction or Harm Maintenance: Is There Such a Thing as Safe Drug Abuse?" This hearing will be conducted by the Government Reform Subcommittee on Criminal Justice, Drug Policy, and Human Resources, on Wednesday, February 16, 2005 at 2:30 p.m. in Room 2154 of the Rayburn House Office Building.

"Harm reduction" is an ideological position that assumes certain individuals are incapable of making healthy decisions. Advocates of this position hold that dangerous behaviors, such as drug abuse, therefore simply must be accepted by society and those who choose such lifestyles -- or become trapped in them -- should be enabled to continue these behaviors in a less "harmful" manner. Often, however, these lifestyles are the result of addiction, mental illness or other conditions that

should and can be treated rather than accepted as normative, healthy behaviors.

To undermine drug laws, the drug legalization movement often acts in the guise of promoting the alleged public health benefits of "harm reduction."

But not everyone is fooled.

In its annual report released March 2, 2004, the International Narcotics Control Board -- the United Nations' drug agency -- sharply criticized "harm reduction" measures such as needle exchange programs and so-called "safe injecting rooms," because such policies encourage drug use and violate "article 4 of the 1961 Convention [which] obliges State parties to ensure that the production, manufacture, import, export, distribution of, trade in, use and possession of drugs is to be limited exclusively to medical and scientific purposes. Therefore, from a legal point of view, such facilities violate the international drug control conventions."

What troubles us is that at the same time that the International Narcotics Control Board was warning parties to the *Single Convention on Narcotic Drugs* (1961), the *Convention on Psychotropic Substances* (1971), and the *United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances* (1988) that government financing of "harm reduction" schemes may be in violation of those accords, it appears that USAID was financing a "harm reduction" agenda of its own.

On the afternoon of February 10th (after your staff declined to produce any documents until this letter was sent to you), White House Office of National Drug Control Policy Director John Walters testified before the Subcommittee on Criminal Justice, Drug Policy, and Human Resources. He was asked about USAID's involvement in two questionable projects. The first project was the 14th International Conference on Reduction of Drug Related Harm held in Chiang Mai, Thailand from April 6-10, 2003. In an e-mail invitation to the conference, it was promoted as having a "special emphasis on harm reduction advocacy... Harm reduction has to fight hard to get a hearing in the midst of all this and to challenge the new social order campaigns." The conference was sponsored by the International Harm Reduction Association, the Asian Harm Reduction Network, and cosponsored by the Centre for Harm Reduction and USAID.

The second project was the Asian Harm Reduction Network's 350-page, second-edition *Manual for Reducing Drug Related Harm in Asia* (which bears a USAID logo). USAID's role in the production of the manual is acknowledged inside the cover: "This publication was made possible through support provided by the Office of Strategic Planning, Operations, and Technical Support, Bureau for Asia and the Near East, U.S. Agency for International Development..." Included in the second chapter of the manual, "Rationale for Harm Reduction," are sections on "needle and syringe programs," "sales and purchasing of injecting equipment," and "removing barriers." In the fifth chapter, "Injecting Safely," are sections devoted to "sharing of injecting equipment," and "safe injecting."

ONDCP Director Walters responded that he was not aware of the "harm reduction" publication financed by USAID nor did he attend the USAID-cosponsored 14th International Conference on Reduction of Drug Related Harm. He added, however, that he has been aggressive in rebuking international organizations which promote "harm reduction." He pledged to look into this regrettable matter and report back to the Subcommittee.

This raises a serious question which we are asking you to answer: Before USAID started underwriting "harm reduction" programs, did anyone on your staff attempt to seek advice from White House Office of National Drug Control Policy Director John Walters, former Attorney General John Ashcroft, or anyone else in the President's cabinet?

We also request that USAID provide the Subcommittee on Criminal Justice, Drug Policy, and Human Resources all documents related to any USAID financing or any other support of "harm reduction" or drug legalization. We also request all documents related in any way to USAID involvement in, financing of, or support for programs also participated in by the Soros Foundation, Open Society Institute, Open Health Institute, International Harm Reduction Association, Asian Harm Reduction Network, Centre for Harm Reduction, and Harm Reduction Coalition. We also request that all documents related to USAID-financed "harm reduction" programs identified in the electronic file created by the office of Senator Sam Brownback (and which was provided to your staff earlier this week) be given priority for their production and transmittal to the Subcommittee on Criminal Justice, Drug Policy, and Human Resources. For your reference, an index of the Brownback document is attached.

Given the brevity of time before the February 16 hearing, and given the large volume of documents we expect USAID to provide the Subcommittee prior to that date relating to USAID-financing of the international "harm reduction"/drug legalization movement, we request that these documents be hand-delivered to the Subcommittee by your staff on CD-ROM in an electronically searchable text format that employs Microsoft Word or Adobe Acrobat.

The Subcommittee will make recommendations concerning potential legislation based upon the testimony and supporting documents given.

At the hearing, you will be afforded an opportunity to verbally summarize your prepared statement. Your written statement for the record may be of any length, but please limit oral testimony to no more than five (5) minutes to afford substantial time to member questions.

In accordance with this Subcommittee's procedure, please send the written testimony via electronic mail to malia.holst@mail.house.gov by 3:00 pm on February 15, 2005. You are also required to provide one hundred (100) copies of the prepared statement at the hearing.

Thank you for your contribution to this important Congressional hearing. We look forward to your valuable insights. If you have any questions, please contact the clerk of the Subcommittee, Malia Holst, at (202) 225-2577, fax 225-1154.

Sincerely,



Tom Davis
Chairman
Committee on Government Reform



Mark E. Souder
Chairman
Subcommittee on Criminal Justice,
Drug Policy and Human Resources

cc: The Hon. Condoleezza Rice

Attachments: Definitions
Brownback index

ATTACHMENT

1. The term "documents" is to be construed in the broadest sense and shall mean any written or graphic material, however produced or reproduced, of any kind or description, consisting of the original and any non-identical copy (whether different from the original because of notes made on or attached to such copy or otherwise) and drafts and both sides thereof, whether printed or recorded electronically or magnetically or stored in any type of data bank, including, but not limited to, the following: correspondence, memoranda, records, summaries of personal conversations or interviews, minutes or records of meetings or conferences, opinions or reports of consultants, projections, statistical statements, drafts, contracts, agreements, purchase orders, invoices, confirmations, telegraphs, telexes, agendas, books, notes, pamphlets, periodicals, reports, studies, evaluations, opinions, logs, diaries, desk calendars, appointment books, tape recordings, video recordings, e-mails, voice mails, computer tapes, or other computer stored matter, magnetic tapes, microfilm, microfiche, punch cards, all other records kept by electronic, photographic, or mechanical means, charts, photographs, notebooks, drawings, plans, inter-office communications, intra-office and intra-departmental communications, transcripts, checks and canceled checks, bank statements, ledgers, books, records or statements of accounts, and papers and things similar to any of the foregoing, however denominated.
2. The term "supporting" means anything that constitutes, contains, embodies, identifies, deals with, or is in any manner whatsoever pertinent to that subject, including but not limited to records concerning the preparation of other records.

HARM REDUCTION SUPPORT BY USG AGENCIES

- Tab 1 contains an announcement from the Asian Harm Reduction Network's web site that announces USAID support for the *2nd edition Manual for Reducing Drug Related Harm in Asia*. It acknowledges that the manual was made possible through support provided by the Office of Strategic Planning, Operations, and Technical Support, Bureau of Asia and the Near East, USAID.
 - The 350 + page manual contains chapters such as *Rationale for Harm Reduction* (covering needle and syringe programs, drug substitution programs, and sales purchasing of injecting equipment); *Injecting Safely* (covering supply of sterile equipment, safer injecting, etc.); and *Drug Use and Substitution* (covering drug substitution).
 - Tab 1 also contains an article from Allan Clear of the Harm Reduction Coalition which boldly announces "the U.S. government finally funds a harm reduction manual" and "USAID partially paid for the manual and then bought some."
- Tab 2 contains an announcement for the *14th International Conference on Reduction of Drug Related Harm* in Chiang Mai, Thailand from April 6-10, 2003. It lists USAID, Asian Harm Reduction Network, and International Harm Reduction Association among conference sponsors.
- Tab 3 contains web site listings for USAID support of harm reduction initiatives throughout Eastern Europe. One listing notes that the *Central and Eastern European Harm Reduction News Digests* are funded via USAID contracts.
- Tab 4 contains an announcement on the web site of Population Services International (PSI) of a five-year \$4.3 million contract for a demand reduction program in Central Asia.
 - In addition to PSI, the list of demand reduction consortium partners includes the Open Society Institute in New York and the Soros sister foundations in Kazakhstan, Uzbekistan, and Tajikistan.

- PSI notes that harm reduction will remain a key component of the Central Asia portfolio.
- Tab 5 contains a presentation by the USAID Director of the Office of Health and Population (USAID Regional Mission for Central Asia) on the Drug Situation in Central Asia and USAID Response to Drug-Related HIV/AIDS Epidemic.
 - The presentation notes that USAID has "established an integral regional program which includes support for harm reduction and ancillary services."
 - The presentation also notes that USAID "has also supported two study tours for governmental officials from CAR to model harm reduction and outreach activities."
- Tab 6 contains selected pages from the *USAID/CAR Strategy on HIV/AIDS Prevention in Central Asia (2002 - 2004)*. The strategy contains many sections supportive of harm reduction and needle exchange programs, giving much credit to the Soros Networks and their Sites of Excellence.
 - Page 16 notes that "an important role is played in the region's HIV/AIDS prevention efforts by the Soros Foundation/Open Society Institute, which supports harm reduction programs at needle exchange sites."
 - On page 16, USAID states that "it is important to mention controversial aspects of needle exchange programs due to the belief among prominent U.S. lawmakers that needle exchange programs may encourage drug use. For instance, because of such controversy, USAID is prohibited from providing direct support for such programs."
 - USAID does not indicate anywhere in their strategy document that they support this U.S. policy restriction. Instead, USAID attributes the policy to "prominent U.S. lawmakers" and label the policy as "controversial." This gives the reader an impression that USAID does not support the current U.S. policy.

- USAID goes on to say (page 17) that "despite such controversy the overall effectiveness of harm reduction programs is well established." They cite other organizations (including USG agencies national Institutes of Health and CDC) that advocate "needle exchange and substitute treatment for opiate addiction."
- Furthermore, on page 17 USAID states that "existing needle exchange sites offer an important opportunity to supplement harm reduction programs with other public health initiatives."
- Tab 7 contains selected pages from the USAID document entitled *USAID/CAR Expanding Efforts on HIV/AIDS Prevention in Central Asia*. This document (like the one in Tab 6) contains many sections supportive of harm reduction and needle exchange programs.
 - Page 9 mentions that USAID sponsored a CAR/Vilnius *Harm Reduction Study Tour* in April 2001. This study tour exposed government officials of 5 CAR region countries to model harm reduction activities being implemented in Vilnius, Lithuania.
 - On page 22, USAID notes that the situation in Central Asia "has necessitated the development of a creative blend of educational and alternative therapeutic approaches, including the removal of restrictions on the purchase of needles and syringes, needle and syringe exchange programs, proper use of bleach for disinfecting drug injection equipment." This statement indicates that USAID was supportive of Central Asian countries changing their drug policies (which were consistent with U.S. policies) to accommodate needle exchange and other harm reduction programs not recognized by U.S. policy.
- Tab 8 contains articles from the *International Harm Reduction Network Fall 2002 Newsletter* that address the USAID Central Asian project addressed in Tabs 6-7. Tab 8 also contains selected pages from a power point presentation by an USAID officer in Central Asia that documents USAID support of needle exchange programs for vulnerable youth as young as 15 years old.

- The newsletter notes that USAID and the Open Society Institute (OSI) launched a joint prevention program in the CAS region with the project secretariat established under the umbrella of the Soros Foundation in Kazakhstan.
- The newsletter also notes that "before the partnership, OSI implemented 18 harm reduction projects in Central Asia and now, with support from USAID and other partners, the total number of interventions should reach 34-38 by the end of 2003."
- The power point presentation outlines support for needle exchange programs for vulnerable youth and the comparative advantage of Soro's Network in "harm reduction through needle exchange programs."
- Tab 9 contains information from The Centre for Harm Reduction and Asian Harm Reduction Network web sites that outline USAID support for harm reduction programs in Indonesia. The AHRN web site notes that a local network of NGOs through USAID support is able "to create an enabling environment to the implementation of harm reduction programs."
 - Tab 9 also contains a statement from the Indonesian Minister of Health at the 3rd Biregional Partners' Meeting on Harm Reduction among Injecting Drug Users. He notes that Indonesia has been "fortunate to have close technical guidance from very strong partners such as USAID, the Center for Harm Reduction, and the Asian Harm Reduction Network." Among the programs initiated with their joint technical and financial support are needle and syringe programs.
- Tab 10 contains a USAID country profile from their Hanoi, Vietnam office that outlines USAID support "for the development of improved rehabilitation and harm reduction policies for injecting drug users." It also notes that USAID established a regional HIV/AIDS office in Bangkok, from which future HIV/AIDS efforts in the region will be conducted.

- Tab 10 also contains sections from the 2004 INCSR reporting cable from Vietnam that highlights USAID's role in fostering harm reduction and needle exchange in Vietnam. Paragraph 96 of the cable notes that Vietnam's *National Strategy on HIV/AIDS Prevention and Control* "gives a green light to harm reduction and supports expansion of clean needle and syringe programs and condom promotion." Paragraph 103 notes that USAID provided assistance to Vietnam on the development of this policy/strategy and its ordinance review.
- Tab 11 contains a project outline from USAID contractor, PSI, on their USAID-funded HIV/AIDS project in Yunnan Province, China. The document notes that the project encompasses core services aimed at harm reduction such as "needle and syringe safety and hygiene programs."
 - Tab 11 also contains an article from the April 2004 Asian Harm Reduction newsletter that outlines USAID support for "needle and syringe safety and hygiene programs" in Yunnan.
- Tab 12 contains project summaries from USAID contractor, PSI, on their USAID-funded HIV/AIDS projects in Russia, the Balkans, and Central Asia. Even though the document notes that clean needles will be *independently funded*, the message conveyed by these project descriptions is clear: that needle exchange programs are positive examples of harm reduction options for HIV/AIDS programs.
- Tab 13 contains a letter from the NIDA Director to the International Harm Reduction Association (published on IHRA's web site) that appears to indicate NIDA support for needle exchange.
- Tab 14 contains an article from the Narco News Bulletin that summarizes a November 15, 2004 article in the leading Sao Paulo, Brazil newspaper. It notes that President Lula will sign a decree to "decriminalize drug use and to open 250 safe drug use centers across the country in 2005." The Health Ministry "will be charged with supporting the centers and make harm reduction the Law of the Land." The decree will also "create the role of *Harm Reduction agent*, a health professional responsible for providing sterilized syringes.

- Tab 15 contains an Activity Data Sheet from USAID that summarizes a Brazil HIV harm reduction project from 1998-2003. It states that USAID has "aimed to strengthen local institutional capacity to plan, implement and evaluate STD/HIV programs." The project provides USAID-funded technical assistance and workshops on "harm reduction for injecting drug users" to the Ministry of Health, in addition to state and municipal health secretariats.
 - USAID notes that it implements these activities through PVOs that include Family Health International (FHI) and Population Services International (PSI), two organizations identified in previous tabs as implementing numerous harm reduction projects for USAID worldwide.
 - USAID also notes that it implements these Brazilian activities through Pathfinder International.
- Tab 16 contains Fact Sheets from Pathfinder International that summarize its USAID-funded work in Brazil (e.g., intervention with drug users). They note collaboration with the *Brazilian Association of Harm Reduction Agents (ABORDA)* and the *National Association for Harm Reduction (REDUC)*.
 - Pathfinder notes that it is "currently supporting ABORDA and REDUC in the definition and implementation of their respective strategic plans." Activities include "training community harm reduction agents in counseling."
 - From the information provided in Tabs 15-16 it appears that USAID helped lay the groundwork for the Brazilian Ministry of Health and its state and municipal counterparts to lobby and advocate for radical harm reduction initiatives that counteract the UN conventions.

- Tab 17 contains a paper by the Canadian HIV/AIDS Legal Network presented at a satellite AIDS conference in Bangkok in July 2004. Both the paper and conference received funding from USAID. The paper, entitled "Regime Change?: Drug Control, Users' Human Rights and Harm Reduction in the Age of AIDS," contains negative criticism of the current U.S.-sanctioned global drug policy and provides recommendations for over-turning policies and positions advocated by the USG, UNODC, and INCB.
 - Pages 6, 15, 16 and 30 criticize the "prohibitionist" approaches and "ideology" of the INCB, UNODC, and major donor countries such as the United States, Italy, Sweden and Japan.
 - Page 32 calls for "Regime Change" and proposes ideas and strategies to reform the three UN drug conventions at the 2008 UN General Assembly. (Note: The current USG policy and position is to support and maintain these conventions. End Note)
 - Page 36 provides options for advancing harm reduction approaches, while resolving obstacles posed by "the global drug prohibition regime." It recommends several mechanisms for implementing harm reduction measures that are "either in contravention of a drug control treaty or are not politically feasible." One such measure advocates "denounce (i.e., withdraw from) one or more treaties."
 - Page 37 contains the following criticism of the United States: "Then there is the USA, the principal force promoting a global prohibitionist regime, which has a zero tolerance position rooted in Christian fundamentalism and an aspiration to world leadership, leading it to blur the drugs issue with other foreign policy and security agendas."
 - Page 38 addresses the potential repercussions of the denunciation mechanism of withdrawing from one or more conventions. It states that the U.S. and its allies would provide "political and economic Sanctions" to a potential "rogue" nation contemplating the denunciation mechanism. In addition, it states the nation "would have to be prepared to face not only US-

UN condemnation but also the threat of application of some form of U.S. sanctions."

- Page 39 advocates governments from like-minded countries "speaking out and joining forces with UN bodies that lie outside the core UNDCP-UNODC-INCB triangle." (Note: This "triangle" supports the U.S. agenda at CND and UN General Assembly meetings. End Note.)
- Page 44 recommends the UNODC, UNAIDS and WHO to "submit a report to the 2005 session of the CND that includes strong support for harm reduction measures." (Note: This is not the official USG position. End Note.)
- Tab 18 contains a reporting cable from U.S. embassy Tashkent that describes the USAID NGO outreach program for HIV/AIDS in Uzbekistan. The cable highlights the USAID-funded Condom Social Marketing Campaign, including events such as "Disco Condom Night" and stage skits such as "Romeo and Juliet" where the topics of contraceptives, HIV/AIDS, and the importance of clean needles are raised in an entertaining way.
- These programs directly conflict with the "abstinence-based prevention education" approach advocated by the President at the swearing-in ceremony for the Global AIDS Coordinator on July 2, 2003 (see Tab 18) and Federal prohibitions against needle exchange.

Exhibit 9

TOM COBURN, M.D.

OKLAHOMA

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COMMITTEE ON HOMELAND SECURITY
AND GOVERNMENTAL AFFAIRSCHAIRMAN
SUBCOMMITTEE ON FEDERAL FINANCIAL MANAGEMENT,
GOVERNMENT INFORMATION AND
HOMELAND SECURITY

COMMITTEE ON THE JUDICIARY

CHAIRMAN
SUBCOMMITTEE ON
INCARCERATION AND REHABILITATION

COMMITTEE ON INDIAN AFFAIRS

United States Senate

WASHINGTON, DC 20510-3604

May 19, 2005

President George W. Bush
 The White House
 1600 Pennsylvania Avenue, N.W.
 Washington, DC

Dear Mr. President:

Thank you for your leadership addressing the global HIV/AIDS pandemic. I appreciated the opportunity to serve as co-chair of your Presidential Advisory Council on HIV and AIDS (PACHA) and look forward to continuing to work together with you on HIV/AIDS and other important issues as a member of the U.S. Senate.

Your commitment-- the President's Emergency Plan for AIDS Relief (PEPFAR)-- is bringing hope to millions around the world impacted by HIV/AIDS. This is the single largest humanitarian effort to assist those affected by a single disease in our nation's history.

I fully support the goals of PEPFAR. I am gravely concerned that greater attention needs to be placed on monitoring how the resources are allocated and distributed for this initiative.

The International Community of Women Living With HIV and AIDS (ICW) is one of the many organizations which has been created to take advantage of the availability of funding from the U.S. Agency for International Development (USAID) for HIV/AIDS related activities.

A recent ICW workshop funded by USAID through its faith-based program, called the CORE Initiative, was held to create an advocacy program to promote sexual rights for women with HIV/AIDS in various African nations. On pages 15 and 16 of the workshop report, the organizers and participants set forth their "goal" to promote "termination of pregnancies," or abortion. The document specifically states:

"Goal: All young women living with HIV/AIDS have access to sexual and reproductive rights (SRR) and are supported in exercising these rights. These include:

- termination of pregnancies
- + sexuality education in and out of schools

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 401 South Boston
 Tulsa, OK 74103-4007
 PHONE: 918-581-7851

100 North Broadway
 Suite 1920
 Oklahoma City, OK 73102
 PHONE: 405-231-4941

www.coburn.senate.gov

711 SW D Avenue
 Suite 202
 Lawton, OK 73501
 PHONE: 580-357-9878

- right to reproduce and have children including safe conception, safe pregnancy and safe outcomes of pregnancy
- right to protected sex
- the right to sexual pleasure
- to choose sexual partners."

It is stunning that funds appropriated to save lives are instead being siphoned to promote the taking of lives of unborn children and that programs described as faith-based outreach are subsidizing an abortion lobbying campaign.

This particular project was contracted to a consortium led by CARE International, comprised of organizations that have a public record of opposing effective public health strategies that have proven to prevent HIV/AIDS, such as the promotion of abstinence and marital fidelity. As you know, Uganda has gained global recognition for its highly effective HIV prevention program that emphasizes abstinence and being faithful.

Another questionable USAID-funded project is the Population Services International's (PSI) Pan American Social Marketing Organization (PASMO). PASMO is intended to address HIV/AIDS among prostitutes and other high risk groups in Central America.

As you know, the global AIDS bill you signed into law in May 2003 requires that a priority of U.S. HIV prevention efforts is "eradicating prostitution, the sex trade, rape, sexual assault and sexual exploitation of women and children." The law forbids U.S. federal funds from being used to subsidize efforts to legalize prostitution either directly or indirectly. Specifically, the law states "No funds made available to carry out this Act, or any amendment made by this Act, may be used to provide assistance to any group or organization that does not have a policy explicitly opposing prostitution and sex trafficking." This law underscores your earlier administrative directive to crack down on the sex trade, which you have rightfully compared to a modern day form of slavery.

Among PASMO's activities is a program titled "VIVE Loteria," a traditional bingo type game that is played with prostitutes in military bases, bars and brothels. PASMO also sponsors "Noche VIVEs," parties that incorporate games, dance contests and promotional activities for prostitutes and their patrons. There is something seriously askew at USAID when the agency's response to a dehumanizing and abusive practice that exploits women and young girls is parties and games.

The project which has been funding these prostitute parties is up for renewal and PSI has applied for tens of millions more to continue the project. I believe that this misuse of funds to organize and sponsor parties and dance contests to exploit victims of the sex trade must be a significant part of the "past performance" assessment conducted to decide whether to continue this project and to continue PSI as the implementing "partner." It should also be part of the past performance evaluation of all PSI grant and contract proposals. I ask that this matter be thoroughly reviewed by the USAID

Administrator and an independent investigator before any additional funding is provided to PSI for this project or other projects.

With USAID subsidizing organizations promoting abortion and prostitutes games and parties, I am deeply concerned that more attention needs to be paid to how the agency distributes U.S. funding and the public health messages it is promoting. USAID, for example, is the single largest purchaser and distributor of condoms in the world yet the agency has failed to provide medically accurate information about the overall effectiveness of condoms to those it is targeting with condom social marketing.

In 2000 President Clinton signed into law legislation that I authored requiring the labels of condoms sold in the U.S. to be medically accurate regarding the overall effectiveness or lack of effectiveness in preventing sexually transmitted diseases, including human papillomavirus (HPV). I understand that the Food and Drug Administration (FDA) has proposed a rule that is now under review that would finally enact this four year old law. While the FDA does not regulate the medical claims and statements of medical devices available outside of the U.S., I do believe that it is imperative that the Administration require all condoms purchased and distributed with federal funds be required to contain the same medically accurate information regarding effectiveness that will soon be available on condom packages sold in the U.S. In Africa, condoms purchased with U.S. funding claim to be "super safe" and have names like "the Protector." These claims exaggerate the true protection against sexually transmitted diseases and do not properly educate users.

In 2001, the National Institutes of Health along with the U.S. Agency for International Development, the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) released a report entitled "Scientific Evidence on Condom Effectiveness for STD Prevention." This document continues to be the single most comprehensive review of the published scientific data on the effectiveness of condoms in preventing sexually transmitted diseases (STDs). The report found that condoms reduce infection risk for HIV and gonorrhea, for men only, and provide no protection against HPV, which is associated with nearly all cervical cancer. For other STDs, the report found that there was insufficient evidence to make claims of effectiveness of condoms for prevention.

Providing information in PEPFAR and USAID funded programs about the lack of protection condoms provide against HPV is particularly important since cervical cancer is the second most prevalent cancer globally, with 470,000 new cases occurring annually. In developing countries of Central America, Southwest Asia, and sub-Saharan Africa, cervical cancer remains a leading cause of cancer death in women. Of the 231,000 cervical cancer deaths worldwide, 80 percent occur in developing countries.

As we undertake global HIV prevention initiative, we must monitor the impact our efforts have upon the spread of HPV to ensure we are not unintentionally harming the health of women we are intending to help by contributing to the spread of HPV. HIV/AIDS does not exist in a vacuum and it is unfair, especially to women and girls, to

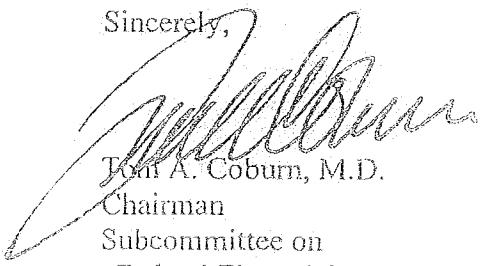
continue to ignore the unique threats posed by HPV. Women and girls deserve medically accurate information to protect themselves against HPV and cervical cancer as well as HIV/AIDS. It would be a cruel and tragic irony if our efforts to alleviate the suffering from AIDS resulted in increased deaths from cervical cancer.

I would therefore urge you to require that all condoms—and educational messages-- provided with U.S. support provide this medically accurate information so that young people can make informed decisions about their health. If USAID can fund parties for prostitutes and the promotion of abortion, certainly the agency can provide medically accurate information to protect women from HPV and cervical cancer.

I would also urge USAID to provide greater transparency of programs funding. Is there any reason why the agency can not begin posting all programs, projects, organizations, workshops and conferences funded or sponsored by USAID on its public website? Lawmakers and the public should have full access to this information in a timely and easy to access fashion. This would bring greater accountability and understanding of the efforts being funded with taxpayer dollars. If there is a reason why the agency is reluctant to provide this information, I would appreciate a justification.

Thank you again for your leadership and for your attention to these matters. I look forward to working with you to ensure PEPFAR is properly administered.

Sincerely,



Tom A. Coburn, M.D.

Chairman

Subcommittee on
Federal Financial Management,
Government Information, and
International Security

Attachments